V. S. No. 1 ä

STATE OF MARYL	AND-CERTIFICATE	OF	DEATH	0403

1. PLACE OF DEATH	,	9	-
County // Wy	eys,	Registration Dist. No. $48$	2
Village or City m. ae	orlacatour	No	Ward
Length of residence in or town when		death occurred in a hospital or institution, give its NAME instead of street and reached.  ds. HgMlong in U.S. If of foreign birth?	
1/0	· NOO TO	000	
2. FULL NAME THE	es de ceo	ell fr-	
(a) Residence: No.	(Usual place of abode)	Ust., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 9	, 193(Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		(403)	
(or) WIFE of		1 HEBEBY CERTIFY that I ettended	deceesed from
6. DATE OF BIRTH (month, day, end year)	nov 20/33	Llastraw h. La' alive on A 19 4	: death is said
7. AGE Yeers Months	Days , If LESS than	to have occurred on the date stated above, at 1340 m.	, 00000
4	18 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence	
8. Trede, profession, or particular	ormin,	were as follows:	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Daguello-Menuored	
9. Industry or business in which			
work wes done, es SILK MILL, SAW MILL, BANK, etc			
10. Date deceesed last worked at this occupation (month and year)	11. Totel time (years) spent in this		
(Ja 4	occupation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (State or country)		1.10	
	or theree.	Whooping Cough.	SUR
14. BIRTYPLACE (city or town)	0	ff	
14. BIRTOPLACE (city or town)	Di Di	Neme of operation Dete of	51
	1919	Whet test confirmed diegnosis? Wes there an e	
15. MAIDEN NAME Caller	my recember	23. If death wes due to external causes (VIOL ENCE) fill in elso the following	
O 16. BIRTHPLACE (city or town)	na.	Accident, suicide, or homicide? Date of injury	, 19
Office of Country)	1 (11,000	Where did injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT Augase (Address)	o unes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL REMATION OR REMOVA	0.11	Manner of Injury	
phollu Lode Chay	hellate 4/10 1934	Nature of injury	
Live A O	110000		210
19. UNDERTAKER (Address)	many a	24. Was diseaseror plury in any way related to occupation of deceased?	~
.110	Beneficial	(Signed Leuk a. Carreale	EU MD
20. FILED 4 19 19 34	Registrar.	(Address) Voorland four	~ m. b.
	Acg.,		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of dear of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1674	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	12 / 22 /	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURGALL V.	July 5, 1927	Peritonitis	3 days ago
1	-	and the second		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFIC	ATE OF	DEATH
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11	1	113	4	1
V	X,	U	K	1

1. PLACE OF DEATH	
County DA Marys	Registration Dist. No. 8 252
Village or City Dear Mills	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Barber	
(a) Residence: No at Trancis Bashers India	m Bridge wife a d.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
0.004	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  22.   HEREBY CERTIFY, That Lattended decessed from
(01) 1112 01	Mark 16 1034, apr 24 10.84
6. DATE OF BIRTH (month, day, and year) July 18-18'	I last saw harran eliva on Ulas 20 , 1984; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1-30 am.
/7   0   L J   ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Larm Laborer	Rulmonary Inbergulary 18
A Industry or business in which	aroup Oot St
work was done, as SILK MILL, Jenes at forming	
10. Date deceased last worked at Oct 30 this occupation (month and year)	
Rankana	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) / Manyland	
13. NAME Some John Josepher.  14. BIRTHPLACE (only or town) Freat Hills.	
4. BIRTHPLACE (etty or town) Freak Hally	Name of operation
(State of Country), following	What test confirmed diagnosis? Examination Was there an au posy one
15. MAIDEN NAME Catherine Whalen  16. BIRTHPLACE (city or town) Reasons.	23. if death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Reasons.  (State or country) Manual and	Accident, suicida, or homicide? Date of Injury, 19
17. INFORMANT John Manaigl Barber (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place to by pairle Date Usi 24, 1934	Manner of injury
19. UNDERTAKER M. O. Mattingson	24. Was disease or injury In eny way related to occupation of deceasad?
20. FILED april 23, 1934 2. a. Camalier Registrar.	(Signed) Isom G. M. D.  (Address) Leonar atom Hol

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FCFIVEU	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 May 5 1934			
Other contributory causes of importance:	i	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

important.

TION is very

mation should be carefully supplied.

B.—WRITE PLAINLY, WIT

Exact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(RGA) (14/14)	
County At Marigs	Registration Dist. No. 287	-
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where deeth occurred 38 yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Welliam Thomas Ben		
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Market	21. DATE OF DEATH  (Moo(h)  (Day)  (Year)	
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Margaret & Bennett	22. I HEREBY CERTIFY That I attended deceesed from april 8, 1934, to Opril 22, 1934	
6. DATE OF BIRTH (month, day, and year) Dec 24, 1864	I lest sew here aliva on april 22, 1974; dasth is said	
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, at TeP DP _m.	
69 4 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato decasaed last worked et this occupation (wonth and specific profession) (wonth and specific professi	Broncho pressura 4/4/34	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Dato decaasad last worked et this occupetion (aponth and year)  11. Total time (yeers) spant in this occupetion 38		
12. BIRTHPLACE (city or town) Liona down (State or country) had	Other Contributory Causes of Importance:  Discocation of shoulder 3/20/34  and to be the from beautiful 3/20/34	7
13. NAME Thomas & Bennett		
13. NAME Thomas & Bennett  14. BIRTHPLACE (city or town)  (State or country) Manyland	Name of operation Date of  What tast confirmed diagnosis? Was thara an eu'opsy? //	
15. MAIDEN NAME Emily Wheel.		
15. MAIDEN NAME Emily Wheeler 16. BIRTHPLACE (city or town) (Stata or country) Manufactured	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accidant, suicide, or homicida?, 19, 19, 19	
17. INFORMANT John Bennett (Addrass) Baltimore, Ind	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Piece Cheneger Cemetrag Deta april 24, 1934.	Manner of injury	
19. UNDERTAKER WM C. Mallingley	24. Was disease or injury in any way related to occupation of daceesed? Indirect	t

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis = A24	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year	
		2		

STATE OF MARY	/LAND-C	CERTIFICATE OF DEATH 040	142
1. PLACE OF DEATH		(1825)	
County Simulary	7	Registration Dist. No. 2 8	-6
Village or City Will addour	L uno	NoSt.,	Ward
Length of residence in city or town where death occurred		eath occurred in a hospital or institution, give its NAME instead of street and nur  2.3. ds. Hew long in U.S. if of foreign birth?yrs	
2. FULL NAME Elie abeth	Ches	le	
(a) Residence: Np. Bushi	und	du avant	
(Usual place of		If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICS  3. SEX 4 COLOR OR RACE 5 SINGLE MARRIE		MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED		21. DATE OF DEATH	193 4
66. If merried, widowed, or divorced		(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended de	caasad from
	-	4 = 15 = 1934, to 4 = 2 U	
6. DATE OF BIRTH (month, day, and year) / / / / / /	1932	I last saw https://elive on 4 - 19 - 1934;	death is sai
	If LESS than I day,hrs.	to have occurred on the data steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	ormin.	were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER BODKKEEPER etc.		Cerebral meningitis.	H- ( )=
9. Industry or business in which work was done, as SILK MILL.			1.71.3
SAW MILL, BANK, etc	na (vaare)	Kind of accidente: a fall, on her heads.	
this occupation (month end spent i occupation)	in this pation	Que Cure	
12. BIRTHPLACE (city or town) un allery	4.	Other Conscibntory Causes of Importance:	
(State or country)		a a a a a a a a a a a a a a a a a a a	
13. NAME fortun Terris Che	esta		
14. BIRTHPLACE (city or town) Maddle	1, 1	Name of operation Date of	
(State of County)	10	Whet test confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME/Leurilla 13 au	clew :	23. If death was due to axternal ceuses (VIOLENCE) fill In also tha following:	
16. BIRTHPLACE (city or town)	£	Accident, suicide, or homicida? Data of injury	, 19
O.S. T. C. C.		Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT (Address)	2	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Sacraffe at Dete 4-2	0-,19.3.5	Neture of injury	
19, UNDERTAKER Thomas Frence	26.1	24. Was disease or injury in any way related to occupation of deceesed?	w
(Address) Bustimed u		If so, specify	
20. FILED 4- 20-, 193 M. V. Palu	u	(Signed) Wolf V. Iaccom	<sub>2</sub> M. I
	Registrar,	(Address) Quence)))	0
If more blanks are needed, addr	dress State Registrar. 24	ILI N. Charles Street Baltimore Requestion 71 S No -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	j.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

B.—WRITE PLAINLY, WITH

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# STATE OF MADVI AND CEDTIFICATE OF DEATH

	1. PLACE OF	DEATH	I MAKI	LAND	CERTIFICATE OF BEATH 0404	}
	County S	7 mas	240		Registration Dist. No. 280	
	Village or City	010	10			ard
			7	(I	death occurred in a hospital or institution, give its NAME instead of street and number)	aro
	Length of reside	nce in city or town where o	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	_ds.
	2. FULL NAM	E mo	Corn	elice	Clorice	
	(a) Residence	: No.	Rid	u	St., Ward.	
-	PERSONA	I AND STATIST	(Usual place)		If nonresident give city or town and State	
3		L AND STATIST	5. SINGLE, MARR		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	_
3		white	OR DIVORCED	(write the word)	2. DATE OF DEATH Offil & 1934	
-	. If married, widowed	///	mo	and the same of th	(Month) (Dey) (Year)	
	HUSBAND of (or) WIFE of	es de	ames L	mpor	22. I HEREBY CERTIFY. That I attended deceased to	
6.	DATE OF BIRTH (me	onth. day, end year)	about	1850	I last saw h 9 alive on 0 192 (death is	
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, et	,
	84 yrs			1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, professi	on, or particular	/		Carlerio Fibrose, Date of or	eet
150		ookkeeper, etc.	auna	77		
JPA	9. Industry or bu work was d	siness in which lone, es SILK MILL, BANK, etc				
OCCUPATION	10. Date deceased	last worked at	11. Total tin	ne (years)		
0	this occupation year)	tion (month and	spent occup	in this pation		
12	. BIRTHPLACE (city)	or town Score	10000		Other Contributary Causes of importance:	
	(State or countr	,		nd		
ER	13. NAME	The A	ueto			
FATHER	14. BIRTHPLACE (	city or town) S	Man	l,	Name of operation	
-	(State or co		m	zel	What test confirmed diagnosis? Was there an autopsy?	
MOTHER	15. MAIDEN NAME				23. If death wes due to external causes (VIOLENCE) fill in also the following:	_
5	16. BIRTHPLACE (d	city or town)	Mary o	Co.	Accident, suicide, or homicide? Date of Injury, 19	
X	(State or co	ountry)		ma	Where did injury occur?	
17.	. INFORMANT	ovele	Proge	- mel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATIO	04	- 6.		Manner of Injury	
_	Place S/_/	rorge al	2. Date Tr.	41954	Nature of Injury	
19	. UNDERTAKER	T. Pr	Luisa	عب	24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	10	enge	I mil	If so, specify	
20.	FILEDEPARE S	1934	9076	eeg	(Signed) D. Carely	1. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAN V C				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

	S	TATE O	F MARY	LAND-	CERTIFICATE	- OF DEA	A H	04044
1.	PLACE OF DEA	TH			<b>③</b>			
	County St	morgs				Registration	Dist. No. 2	54
	Village or City 2	of Charles	olle 1+	all (II	ND. death occurred in a hospital or in	nstitution, give its NAME	St.	,Ward and number)
	Length of residence In c	ity or town where de	eath occurred	yrsmos	ds. How long in U.S	if of foreign birth?	yrs	mosds.
2.	FULL NAME	Stice bun	Thes V	nana J	Caref T Ellis &	Douglas		
	(a) Residence: No	lalse	(Usualplace of	f abode)	St., Ward.	If nonresident	give city or town	and State
	PERSONAL AN	ID STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			н
3. SE	emal 6	or or race	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEAT	H afric	/ 3 — (Day)	, 193 (Year)
5a. If	marriad, widowad, or div HUSBAND of (or) WIFE of	orcad				BY CERTIF	' / /	nded daceasad from
6. D/	ATE OF BIRTH (month, da	y, and year)	ne 13	-1934	I last saw h alive on	Stice ber	rh. 19.	; daath Is sald
7. AG	E Yaars	Months	Com	If LESS than 1 day, hrs.	to have occurred on the data The PRINCIPAL CAUSE OF I ware as follows:	( ' /	es of Importance	,
NO	8. Trade, profession, or p kind of work done, SAWYER, BDDKKE	articular as SPINNER,	n ore	, UI HIR.	From Re	lung an	-d	Date of onset
OCCUPATION	9. Industry or business i work was done, as SAW MILL, BANK,	n which SILK MILL,			Disting	mu.		6 Mos
220	D. Data daceased last wo this occupation (mo year)	orked at	11. Total tid	ne (yaars) t in this pation	Vhimes	tua te	rch	
12. B	IRTHPLACE (city or town)	st 1/4	y. Co		Other Contributory Causes of	Importance:		
œ !	(State or country)		ma			~ · · · · · · · · · · · · · · · · · · ·	-	
E	13. NAME E	own)	nd		Name of operation		Date	of
	(State or country)	7- 1	00	,	What test confirmed diagnosis	s?	Was there	an autopsy?
E -	15. MAIDEN NAME  16. BIRTHPLACE (city or t	(Man &	Jan d.	1-	23. If death was due to external Accident, suicide, or homicide			
(Stata or country)		Whare did injury occur?		town, county and				
17. 1	NFDRMANT(Address)	aucio	1670	Ç	Specify whether Injury occurr	ed in Industri, in no	INE, OF IN PUBLI	C PLACE.
18. B	URIAL, CREMATION, OR	( kg A	:Date Afr	-13 1934	Mannar of Injury			
19. U	NDERTAKER(Addrass)	E. R.	Jako		24. Was disaasa or Injury In a		ation of decaasad	1?
20. F	ILED Africe 13.	1934 Lev	unfor	Registrar.	(Signed) (Address)	Blowlock	horonia Ital	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAY 3 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be

-WRITE

inforstate OCCUPA-

Jo plnode

of

statement

STATE OF MARYLAND-	CERTIFICATE OF DEATH 04045
EATH	(3)
Mary	Registration Dist. No. 46
January	NO. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrsmos ds.
Trank C. Harden	
D. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 30 ,193 (Month) (Day) (Year)
divorced	
any & Handen	22. I HEREBY CERTIFY. That I attended deceased from 29.19.34 to 19.34
, day, and year) une 244 1889	I last saw has alive on Oscil 29 , 1934; death is said
Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4-4-m.
/ O G ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular one, as SPINNER, (KEEPER, etc	(1840 Margara Comandalana 459/24
ss in which	The state of the s
, as SILK MILL, farming NK, etc	Chehral Hemanhage "
worked at (month and spant in this occupation	
own) way land	Other-Contributory Causes of Importance:
	Minio stephnitis !!
ge C. Haylen	
or town) Mynard M	Name of operation Date of
Mary L. Schuhart	What test confirmed diagnosis? Was there en au'opsy?
or town) Y mg inia	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
ry)	Where did injury occur?
rence Standen	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
OR REMOVAL	
Heart Dete 5/2 , 19 34	Nature of injury
ane Drave	24. Was disease or injury In any way related to occupation of deceased?
egrand ma	tf so, specify
Registrar.	(Signed) M. D.  (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SURP				
Other contributory causes of importance:	10000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNOERTAKER (Address)

mation should be carefully supplied.

STATE OF MARYLAND	-CERTIFICATE OF DEATH ()4046
1. PLACE OF DEATH	CERTIFICATE OF DEATH
10 4	(2°a)
County Harry	Registration Dist. No. 28
Village or City Jacob Garate altor	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
A 44 4 44 4 14 1 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Helliam H Hell	
(a) Residence: No. Sua Le (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("wite the ,word)  Manual	21. DATE OF DEATH  (Month)  (Day)  (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Thompson	22. I HEREBY ERTIFY, That I strended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h Area alive on a last all
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 2 m
67 8 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Charles Hemorkay July 4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) A months (as)	Other Contributory Causes of Importance:
13. NAME Chan Henry Hell	Lessers of Junior
14. BIRTHPLACE (city or town) - At Many Land	Name of operation Oate of Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LICE MONON	23. If death was due to external causes (VIOLENCE) fill in also the Iollowing:
16. BIRTHPLACE (city or town). AT June 1803 (State or country)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Mangaret Provider (Address) 234/2m 21 98 Warfelder	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It also years Come Porte of 1984, 1934	Manner of Injury
6-11	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass)

Registrar.

24. Was disease or Injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of importance were as follows:  Arterioselerosis  Chronie interstitial nephritis  Cerebral hemorrhage  Date of onset  In principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis	Example II		
Chronic interstitial nephritis 1921 Run over by street car	uses Date of onset		
	1 week ago		
Cerebral hemorrhage Lulu 5 1997 Peritonitis	1 week ago		
The state of the s	3 days ago		
E REALI V S			
Other contributory causes of importance:  Other contributory causes of importance:			
Gallstones May 1,1923 Gastroenteritis	1 year		

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE O	F MARYL	AND-CER	TIFICATE	OF	DEATH
Olitic O	I MILLILL F	TAILD CEIL	III IONIE		DLAII

	CERTIFICATE OF DEATH 04047
1. PLACE OF DEATH	(23)
County St Mary	Registration Dist. No.
Village or City Beachoulle	No. St., Ward
Length of residence in city or town where death occurredyrs mos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Goldin Hulet	
(a) Residence: No.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH  (Month) (Day) (Year)
HUSBAND of Corn Hulett	22. I HEREBY CERTIFY, That I attended deceased from March 3, 184, to April 3, 1924
6. DATE OF BIRTH (month, day, and year) unknown 1902	liest saw be alive on Asil 2, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 0.30 P.m.
31 unknown or 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupation (month and this program in the	Indmonery Jakeron Losso 1932
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Beachville (State or country)	Other Contributory Causes of importance:
13. NAME Joseph Gough  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) Mary and	What test confirmed diagnosis? Was there an au'opsy?_kg
15. MAIDEN NAME Matilda Cartes	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Matilda Cartes  16. BIRTHPLACE (city or town)  (State or country)  Matilda Cartes	Accident, suicide, or homicide?
17. INFORMANT Matilda Buta. (Address) Branchaille Mad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place It Peter Cometing Date april 5, 1974	Nature of injury
19. UNDERTAKER & L. Robertson, (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 FILED April 4, 1934 Of Bean Mo Decal Registrar.	(Signed) M. D.  (Address) And M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones To Take	May 1,1923	Gastroenteritis	1 year	
The day				

ARGIN KENERVED FOR BL	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E.	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
IN KENER	ADING INK-	d. AGE shou	, se that it m	uctions on ba
AKG	WITH UNFA	efully supplied	in plain terms	int. See instr
	FE PLAINLY,	should be car	E OF DEATH	is very importa
1 .0.1	N. BWRIT	mation	CAUS	TION

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Stime any	Registration Dist. No. 2 & 6
Village or City wastoly (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resideoce in city or town where death occurredyrsmos.	Ands. Hew long in U.S. if of foreign birth?
2. FULL NAME Alorence /4lo	un dacly
(a) Residence: ND. Maddaty (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite tha word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
Sa If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaár)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 9-9-33	I last saw h aliva on 1924 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
6 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Branch Janes Date of onset 4-1-34
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data daceasad last worked at this occupation (month and year) to ccupation	
12. BIRTHPLACE (city or town) wadalot	Other Contributory Causes of Importance:
(Stata or country)	Will Stranger
13. NAME Clarence Edward Lac	
14. BIRTHPLACE (city or town) Us adoly	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie Pose Hill	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Main Kost Hill 16. BIRTHPLACE (city or lown) Madduf	Accident, suicida, or homicide? Date of Injury, 19
Σ (Stata or country)	Where did injury occur?
17. INFORMANT Clarence Lacy (Address) wastaly W	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placed act of the and Date 4 - 1934	Nature of injury
19. UNDERTAKER Clauds ale Siin Topy (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 4-3-, 1934 M. Palan	(Signed) TIMV: Q and M. D.
Registrar.	(Address) William A. C.

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	Example I	1	Example II	
	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	BELEIVEL	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11 NA: 7 10.1	July5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 04049
1. PLACE OF DEATH	83.00
county St. ways	Registration Dist. No. 28 C
Village or City chele ) nd	No. St., Ward
, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	. 1 (ads. How long in U.S. if of foreign birth?yrsmosda.
2. FULL NAME Lig and Gueline	el wadduf
(a) Residence: No. (Usual place of abode)	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	4 2 1 1934
5a. If marriad, widowad, or divorced	(Mohth) (Day) (Ygár)
HU3BAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
mary fam ( a davy	1934, to 4 1934/
6. DATE OF BIRTH (month, day, and year) 9 - 2 8 - 1858	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at_C_1m.
2 6 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
Z S Trede, profession, or particular kind of work done as SPINNERO	Date of onset
kind of work done, as SPINNER Walture SAWYER, BOOKKEEPER, etc.	arehal apropelexy
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER A LANGE SAWYER, BOOKKEEPER, etc.  SIndustry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and this population (month and spending the page 1).	
o this occupation (month and 4 3 4 spant in this occupation 6 0	
- O e e e	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E // /	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there an autopsy?
<b>I</b>	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
O I6. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Dete of Injury, 19
Bit I fill I	Where did injury occur? (Specify city or town, county and State)
17. INFORMANY	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass)./401 Carrolley War De	M. 41.
Place Lace god Hend Date 4-2) 1934	Menner of Injury
a C mal al.	Nature of injury
19. UNDERTAKER (Maddiess)	24. Wes disease or Injury in any way related to occupation of deceased?
	If so, specify
20. FILED 4 - 26 -, 19.34 V. J. W. J. W. Registrar.	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
y 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
y	15,1927	Other contributory causes of importance:

1. PLACE OF DEATH	!-	
County 2.	acy -	Registration Dist. No. 28 2
Village or City	reacasomo	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town	where death occurred yrs m	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME	skrod Ville	
(a) Residence: No. 20	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OFFOLYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	· A	
(or) WIFE of Mare	a Ryer-	1 HEREBY CERTIFY, That I attended deceased from 1950 to 0 m. 9
6. DATE OF BIRTH (month, day, and year)	Kers. 8, 1850	I last saw helen alive on Alm. 193 4; death is sa
7. AGE Years Mont		to have occurred on the date stated above, at Pl_m.
83 84 3	29 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	Retired	
9. Industry or business in which		Beiling
work was done, as SILK MILL, SAW MILL, BANK, etc	11 Telel Alma (11-1)	
this occupation (month and year)	11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
(State or country)		Muonia modritio
13. NAME Devoker	I have	
14. BIRTHPLACE (city or town)	<u> </u>	Name of operation
(State of country)	20	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	mag 14sh	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?
17. INFORMANT Coul (Address)	Bernet	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OF REMOVATOR	new apr q ist	Manner of Injury
19. UNDERTAKER WY 6. (Address)	Magging &	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/8 1939	Bausley.	(Signed) Mayel Concelled (Address) Slevial Address)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. &.			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFI	CAIL	OF	DEA	ATH
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04051

1. PLACE OF DEATH				
County St Marys			Registration Dist. No. 287	
Village or City	death occurred. 3	7 yrs	No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and nurses. ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
2. FULL NAME William	& Q.			
(a) Residence: No.	(Usual place of	of abode)	St., Ward.  If nonresident give city or town and St	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	ate
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARE OR DIVORCED	RIFD, WIDOWED, O (write tha word)	21. DATE OF DEATH  (Month) (Day)	193 <i>4</i> - (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year)	- Owen	<i>3</i>	22. I HEREBY CERTIFY, That I ettended de	caased from
7. AGE Years Months	Bays /O	If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaasad last worked et this occupation (morthyand year)	11. Total tin	me (years) t in this 3	Stronglation Esmender	4/10/29
12. BIRTHPLACE (city or town) Carry (State or country) Manylo	iew.	perion	Dther Coutributory Causes of Importanca:	
13. NAME W E DWG.  14. BIRTHPLACE (city or town)	es de			
14. BIRTHPLACE (city or town)	ylen &		Name of oparation Date of What tast confirmed diagnosis? Was there an au'	nnew?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DR REMDVAL  Place our healty Camelan	Dajen Date ann	L 17 1934	23. If daath was due to external causes (VIOLENCE) filt In elso the following:  Accident, suicida, or homicida? Accident, suicida, or homicida? Date of injury 4//5  Whare did injury occur? At Manya Granty Many County and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Menner of injury Population of the public of the	, , 1924.
19. UNDERTAKER WM & Mattle (Address) Landdow 20. FILED Oppiles, 1924 Da	P S Bean	Registrar.	24. Was disease or injury in any way ratated to occupation of daceased? No lf so, specify (Signed) (Addrass)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

jo

TION is very important. See instructions on back mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

of OCCUPA-

Exact statement

SINDI	ERMAN
MARGIN RESERVED FOR BINDI	THIS IS A P.
RESER	ING INK-
MARGIN	B.—WRITE PLAINLY, WITS JUNFADING INK-THIS IS A PERMAN
	PLAINLY,
No. 1	B.—WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04052
1. PLACE OF DEATH	9270
County St-Mary	Registration Dist. No. 2 4
Village or City Questinorn	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Camond v Cloude	
(a) Residence: No. Bashwood Mid (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (cr) MIEE ( A a ) Plusades	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 28, 1855	March 10, 1934 to april 11, 1934 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at -2, 1,5 P.m.
78 5 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL. State emplying the work was done, as SILK MILL. State of this occupation (month and year)  10. Oate deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of importance:  Oculo Pulmonary Lacron 2  Name of operation 0 Oate of What test confirmed diagnosis? Note Was there an eu'opsy?
15. MAIOEN NAME Josephin Fleamon  16. BIRTHPLACE (city or town) May (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Summer Horrden Charles Sushivers MA	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Exacted Heart Cemelan Oate april 13, 1934	Manner of injury
19. UNDERTAKER Chaptics ma	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO 4-12-, 19314 A.V. Xaleur Registrar.	(Signed) Maryuns C. M. O.  (Address) M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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R Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		`	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH state item of infor-OCCUPA-1. PLACE OF DEATH plnods County\_ Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS A PERMANENT RECORD. Every How long in U. S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where deeth occurred Exact statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) stated EXACTL (Month) classified. 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end properly 7. AGE UNFADING INK-THIS IS 8. Trade, profession, or particular kind of work done, as SF SAWYER, BOOKKEEPER, OCCUPATION 9. Industry or business In which work was done, as SILK SAW MILL, BANK, etc.\_\_ back AGE should it may on 10. Date deceesed lest worked this occupation (month e so that year) \_\_\_\_\_ instructions 12. BIRTHPLACE (city or town) \_\_\_. (State or country) supplied. in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER tant. 15. MAIOEN NAME -WRITE PLAINLY, CAUSE OF DEATH TION is very import 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Addre 18. BURIAL, CREMATION, OR REMO 19. UNDERTAKER (Address) 20, FILED

(Day)

Ward

(Yeer)

	22. I HEREBY CERTIFY, That I attended deceased from
yeer) April 16 - 1931  Months Days If LESS 1 dey,	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
ler PINNER, etc. th MILL,	Bullbann (Punaling)  Date of onset
at at a latime (yeers) spent in this occupation.	Other Contributory Causes of Importance:
Jeneili Maner Immus Japanes mit	Name of operation Date of West here an autopsy? 23. If death west due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Helen Jacobson March 17 19 19 19 19 19 19 19 19 19 19 19 19 19	Manner of Injury
Reginite from the state of the	(Signed) A - J - WWWWW MAN M. D.  Strar. (Address) WWWWW MAN MA.  Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. A

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
N DUREN			
Other contributory causes of importance:	ACT IN	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	5	STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH
1	. PLACE OF DEA	ATH			(57·c)
	County JP	Marye			Registration Dist. No.
	Village or City	Kirty (	Noint.		No. St, Ward
	Length of residence in	city or town whare	deeth occurred	yrsmos	If death occurred in a horpital or institution, give its NAME instead of street and number)  s
	2. FULL NAME	Charle	is Fran	Smit	
-	(a) Residence: No.	Thai and	ma Store	Pine Point	St Ward.
pikano			(Usual place	4/	If nonresident give city or town and State
-	PERSONAL A				MEDICAL CERTIFICATE OF DEATH
	male be	or or race	S. SINGLE, MAR OR DIVORCEI	RIFD, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If marriad, widowed, or div HUSBAND of	vorcad			
_	(or) WIFE of	Lingle			22. I HEREBY CERTIFY, That I attended decaased from
6.	DATE OF BIRTH (month, d	ay, and year)	pril 20/1	134	Hast saw ham elive on April 122 1934; dauth is seid
7.	AGE Yeers	Months	Days	If LESS than	to hava occurred on the date stated above, at
			3	I day,hrs. ormin.	ware as follows:
N	8. Trade, profassion, or kind of work done SAWYER, BOOKKE	particular a. as SPINNER.			Remature birth Date of onset
ATIC	SAWYER, BOOKKE 9. Industry or business		none		- Illin baby foramer orali not about
UP/	work was done, as SAW MILL, BANK	SILK MILL,	, ,	1	
OCCUPATION	10. Date deceased last w this occupation (m year)	orked at	11. Total ti sper oc:u	me (years) t in this pation	
12	BIRTHPLACE (city or town	King	Roint		Other Contributory Causes of importance?
14.	(State or country)	)	Harylan	d.	- 48 out 8 months
ER	13. NAME	Clou S	mith.		
FATHER	14. BIRTHPLACE (city or	town) Dra	yden,		Name of operation
-	(State or country)		Md.		What tast confirmed diagnosis? Was there an au'opsy?
MOTHER	15. MAIDEN NAME	ue Wel	· Frose		23. If death was due to external causes (VIOL ENCE) fill in also the following:
O	16. BIRTHPLACE (city or		4 Loin	1	Accident, suicide, or homicide? Date of Injury, 19
7	(State or country)	01 02 0	ma		Where did injury occur? (Specify city or town, county and State)
17.	(Address)	Jony C	Point	<u></u>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL	You all.	8 6- 04	Mannar of Injury
-	Place 774	1. 1. 1. O.C.	Date Cos	, 1957	Nature of Injury
19.	UNDERTAKER #	Clon I	with.	0.72	24. Was disaasa or injury in any way related to occupation of daceased? The
-	(Address)	my /	al	ma.	If so, specify
20.	FILED Sprik 25.	19.34	(If age	and her	(Signed) Leon and town
~			ave	Registrar.	(nuulcas)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0.000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Pubaur	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
This was a premature birth. a blue baby, formen orale	
not closed. Orculation losy pool	
	Ī
	_

State JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
panel	1. PLACE OF DEATH	23
OCC and	county of marys.	Registration Dist. No. 4
should of OCC	Village or City ner Chalosto Vace	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0 1		deall occurred in a hospital of institution, give is 1474112. Instead of street and manner? ds. How long in U.S. if of foreign birth?
TAN men	2. FULL NAME Anna Suite	
YSICIANS	(a) Residence: No. Charlock Hael.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Υ,	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Tennale  Warred	21. DATE OF DEATH Afri 9 1934
T I	5a. If married, widowed, or divorced	Month) (Day) (Yeàr)
X A C T I	HUSBAND OF Lewis Suita	22.   HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) 1906 - Och 17	I last saw h_e_ alive on of 911 ,1934; death is said
d l erly cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4m.
stated E properly certificate	27 5 22 · 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Q g
be y of	SAWYER, BOOKKEEPER, etc However two fee	Terlmony Le becelves 1931.
should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, Date deceased last worked at  11. Total time (years)	J
sh it	10. Dato deceased last worked at this occupation (month and spent in this	
	year) occupation / Z	Other Coutributory Causes of Importance:
oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) St May 5 Co	
ied.	(State or country) mad'	
supplied n terms, ee instru	13. NAME Fred Buckles	
10	14. BIRTHPLACE (city or town) - 7 - 4.	Name of operation Date of
pla pla		What test confirmed diagnosis? Was there an aulopsy?
be carefully EATH in pla important.	I	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
THE DOL	16. BIRTHPLACE (city or town)	Where did injury occur?
ld be cal DEATH y import	17. INFORMANT Lewer Sucha-	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
should OF DI	(Address) Coholate Hael:	Manner of Injury
17	Place St Jozaph alr Octot px 11 , 1934	Nature of Injury
CAUSI TION	19. UNDERTAKER E. R. Joshon.	24. Was disease or injury In any way related to occupation of deceased?
101	(Address) Machanesuil	If so, specify
A	20. FILED A FXI LO , 1934 Lecen Jackoron Registrar.	(Signed) Leven & Voth oron M.D.  (Address) Globe I Jall!
(1)	If more blanks are moded address State Registrar	2411 N. Charles Street Relimore Persuating 91 S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAH V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH	05	5	)	-		)	)	)	)		de ore			J		-	-	-	ı	-	-	-	-	-	-	-				(	L	J	J		Ì													l				J								J	L							l	l		Į	ĺ	ı			1	-	A STATE OF	San Charles	1	6.	1		J			I										I	1	-	ŀ	1	-	ſ	7	-	1	F	. 1	-	E	)	)		I	]			=	F	)	)			(			Ξ	E	T	7	1	4	F			C		ľ	-	F	F		1	Γ		2
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1. PLACE OF DEATH	159
County Mr. KNAMY	Registration Dist. No. 280
Village or City Dunder Chelly -	No. St., Ward
A-114 M	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Marin Lucius Morta	yis,
2. FULL NAME / / WY TATOMIN STATES	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH COL
OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Chr. 1-193H	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5
2 day 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Themalland Jane
9. Industry or business in which work was done, as SILK MILL,	7 Maraha)
SAW MILL, BANK, etc.	
- I should find the short	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME (MMM) YOUR 14. BIRTHPLACE (city or town) Place (State or country)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
I A The Orand Ple	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Mannak blenk	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	openis anema miary occurred in invostra, in nome, of in Public PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place PMA I ISLAM Date MAN 4 , 19 97	Nature of injury
19. UNDERTAKER CHAMMY YOU'LL	24. Was disease or injury in any way related to occupation of deceased?
(Address) NAVAMO AC	If so, specify A. A
20. FILED CM 3 1834 8-12 JUNEVIL	(Signed A. J. J. MUM A FEW 1269. M.D.
Registrat.	(Address) //WVACWAA
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

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BURGAU			
Other contributory causes of importance:	11 11 11 11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN